

National GP Retention Scheme Practice Guide



Health Education England East of England

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Flowchart of the approval process for RGPs



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Overview of the Scheme

Introduction

The National GP Retention Scheme is a package of:

- Financial Support
- Educational Support

This is offered to eligible doctors, who might otherwise leave the profession, remain in clinical general practice.

The scheme aims to support:

- Retained GPs (RGP)
- Practices employing them

Financial support is offered to the practice in recognition of the fact that the role of a RGP is *different* to a "regular" part-time, salaried GP post.

An RGP post offers:

- Greater flexibility
- Educational support

The RGP can be on the scheme for a maximum of 5 years. They have an annual review each year to ensure that:

- RGP remains in need of the scheme
- The practice is meeting its obligations



A Retainer GP can work

- A maximum of 4 clinical sessions per week
- A maximum of 16 hours 40 minutes per week
- 208 sessions per year
- A minimum of 2 hours per month of protected mentoring
- The RCP works a minimum of 30 weeks out of 52
- It is not considered good practice for an RGP to work in isolation or across more than one site
- The duration of the retainer contract will be for the duration of the scheme (5 years) and reviewed annually

This all INCLUDES protected time for CPD and Educational Support.

RGPs have a licence to practice & are on the MPL

What is the Eligibility Criteria for a Practice

The GP practice should offer the RGP work which enables them:

- The ability to maintain skills across the full spectrum of a GP
- The RGP should be embedded in one GP practice to enable peer support at work and continuity with patients.
- Practices must be able to demonstrate they can meet the educational needs of the RGP as appropriate and that they understand the ethos of educational supervision.
- Practices may employ more than one RGP if there is capacity for support and long-term career opportunities. Approval is required.



Funding

Professional Expenses Supplement

Number sessions week	of per	Annualised sessions*	Expenses year (£)	supplement	payment	per
1-2		<104	1000			
2		104	2000			
3		156	3000			
4		208	4000			

*annualised sessions include statutory holidays, annual leave and sessions used for CPD.

The whole of the expenses supplement payment will be passed on by the practice to the doctor to go towards the cost of indemnity cover, professional expenses and CPD needs. The practice should not automatically make any other deductions from the RGP expenses supplement except for tax and national insurance contributions.

Support for Practices

Contracted	Maximum Financial Support to Practices per year
Sessions per	(based on £76.92 per session)
week	
1-2	3,999.84
2	7,999.68
3	11,999.52
4	15,999.36

This support is to be used by the practice as an incentive to provide flexibility for the RGP and should be used towards the RGPs salary, to cover HR admin costs and to provide funding to cover any educational support required from the practice, including course fees where relevant.

Obligations of the Practice, RCP and ES

Obligations of the RGP

- Hold full registration and a licence to practice with the General Medical Council (GMC), meet the requirements for remaining on the NHS England GP Performers List and report to NHS England any concerns that might affect their status on the National Medical Performers List.
- Maintain membership of a medical defence organisation to the level required by NHS England.
- Notify the designated HEE RGP Scheme Lead, in advance where possible, of any changes in working arrangements (e.g. additional work) and domestic circumstances that may affect participation in the scheme.
- Notify the designated HEE RGP Scheme Lead of any long spells off work (over four weeks), e.g. maternity leave or long-term sick leave.
- Submit to the designated HEE RGP Scheme Lead an annual renewal form at least one month in advance of the joining anniversary, to allow time for discussion regarding continuity of the scheme and any adjustments required.
- Make every effort to attend any events organised by the designated HEE RGP Scheme Lead expressly for RGPs.
- Meet appraisal and revalidation requirements and make their responsible officer aware of the fact that they are a RGP.

Obligations of the Practice and ES

- Offer adequate and appropriate induction, both on joining and after any significant break (e.g. maternity leave). This will include for example IT systems, practice procedures and protocols, referrals systems, in-house and community services, collaborative working arrangements and referral pathways, prescribing formularies, team roles, information governance, safeguarding etc.
- Nominate a clinical colleague to act as an educational supervisor, who will provide one to one support in protected time, (fortnightly or monthly as discussed and agreed with the RGP). A minimum of 2 hours a month would be recommended (additional to CPD entitlement).
- Notify the designated HEE RGP Scheme Lead and RGP's responsible officer if appropriate and in advance of any substantial changes within the practice that may impact upon the employment and educational arrangements of the RGP.
- Work with the RGP to create a job plan suitable for the needs of the individual RGP to keep them in the profession. The job plan should include participation in team meetings during the RGPs normal working days.
- Encourage and facilitate the appropriate use of CPD time allowance.
- Record GP retainers accurately through the National Work Reporting System (Primary Care Web Tool) to facilitate national monitoring of the scheme.

Employment



All RGPs will be employed by the agreed practice. GMS and PMS practices should offer terms and conditions that are no less favourable than the model Salaried GP contract as determined in GMS/PMS regulations. For APMS employers the

Salaried Model Contract is considered as a benchmark. Terms and conditions of employment are a matter of negotiation between the RGP and the practice. The RGP achieves full employment rights after 24 months with the same employer and the practice (employer) under employment law is obliged to continue the contract of employment after that time. The BMA has developed a model Retention scheme contract which is based on the Salaried GP Model Contract but specific to the Scheme.

Job Plan+



All GPs should have a job plan. In regard to the National GP Retention Scheme the job plan is a working schedule which ensures that the RGP post delivers its aims, including provision for CPD and the requirements of the contract of

employment are met by the employer and RGP. Please refer to the BMA's guidance on job planning which is available on the BMA website.

See detailed guidance for examples of job plans

Example job plans

Example 1

How many weekly sessions will the post comprise of (1-4): 4								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Practice site (should normally only be one)	Chesterfield	Chesterfield	Chesterfield	N/A	N/A	Chesterfield	N/A	
Start time	9.30	8.00	9.30			8.30		
Finish time	13.30	15.00	15.10			12.30		
AM surgery: Number of appointments, time of first and last appointment	Appointments from 9.30-13.30 (2 catch up slots)	Appointments from 8.00-13.00 (2 catch up slots)	Appointments from 9.30-15.10 (2 catch up slots)			Appointments from 8.40-12.30 (2 catch up slots)		
PM surgery: Number of appointments, time of first and last appointment	N/A	None	8.00 from 13.30 - 14.50			-		
Visits	-	Up to 2	-			2		
Time for admin	90 minutes	1 hour 50	90 minutes			90 minutes		
Meetings – title, start and finish times	-	Clinical meeting 13.00–14.30	-			-		
Mentoring time slot	-	14.30 -15.00	-			-		

Hours worked this day	4 hours	7 hours	5hr 40mins		4 hours	
Comments: Ad hoc adjustments to allow for non weekly meetings or time in lieu for late finishes/extended hours	When extra visiting doctor is needed morning appointments reduced. When working Saturday extended hours this will be instead of Monday	When on call 8.00- 13.00 no booked slots and duty system applies	-		8 Saturdays a year, instead of Mondays	

ON CALL DUTIES - using contracted time as RGP in the practice					
Start and finish time, day of week	Wed 8.00 - 13.00				
Frequency (number per year)	8 times a year - reflects pro-rata share of clinical team				
If extends normal day length, arrangements for time in lieu	Yes by 1 ½ hours. Time in lieu = 12 hours added to annual leave				

CPD ACTIVITY	In house education meetings: describe frequency, duration and purpose	Formal courses or protected learning events occurring on contracted retainer days	Practice development work where aligned to PDP goals and NHS appraisal	Time out of practice for self directed learning or time in lieu for CPD carried out outside of contract time where aligned to NHS appraisal PDP goals	Total
Details	Monthly 1hour, education including prescribing and SEAS	-	Safeguarding, or palliative care, QOF area, etc.	-	
Hours / year	Up to 42 potentially in Tuesday meeting	5 hours attending GP update course of GP 5.40 attending safeguarding update day Time outs 2 on Tueeday = 2x90mins from 13.00 2 on Wednesday = 2x 2hr10mins Total : 16 hours	4 hours leading on safeguarding area	19	81
Sessions / year approx.	10	4	1	5	20
To be completed by Planned protected tim	the Educational Supervisor - How e will be given without clinical work the Educational Supervisor - Wha	to allow handover from previo	us lead, updating of protocols	systems, meeting with health	visitor.

Request made via Educational Supervisor, preferably 8 weeks notice. Every effort will be made to accommodate and we ask that time in lieu is taken where possible when others are not absent.

Example 2

Monday Tuesday Wednesday Thursday Friday Saturday Sunday									
Practice site	Monday Abbots	N/A	N/A	Abbots	Friday N/A	Saturday N/A	Sunday N/A		
(should normally only be one)	1 40000		107	10000					
Start time	17.30			7.30					
Finish time	20.00			13.20					
AM surgery: Number of appointments, time of first and last appointment	-			7.30-10.20 appointments. 10.20-10.50 mentoring. 10.50-13.20 appointments and admin. (2 catch up slots)					
PM surgery: Number of appointments, time of first and last appointment	17.30-20.00 appointments (1 catch up slot) followed by admin			-					
Visits	-			1 visit					
Time for admin	-			-					
Meetings – title, start and finish times	None			Monthly team meeting 8.00-9.00					

Mentoring time slot	-		10.20-10.50		
Hours worked this day	2h 30		5 hr 50		
Comments: Ad hoc adjustments to allow for non weekly meetings or time in lieu for late finishes/extended hours	-		When on call 8.00- 13.00 in which case no booked slots and duty system applies. When monthly meeting 8.00-9.00 then surgery appointments cancelled during meeting time.		

ON CALL DUTIES - using contracted time as RGP in the practice					
Start and finish time, day of week	Thursday 8.00-13.00				
Frequency (number per year)	4 times a year reflects pro-rata share of clinical team				
If extends normal day length, arrangements for time in lieu	No				

CPD ACTIVITY	In house education meetings: describe frequency, duration and purpose	Formal courses or protected learning events occurring on contracted retainer days	Practice development work where aligned to PDP goals and NHS appraisal	Time out of practice for self directed learning or time in lieu for CPD carried out outside of contract time where aligned to NHS appraisal PDP goals	Total
Details	e.g. monthly 1hour, education including prescribing and SEAS		(e.g. safeguarding, or palliative care, QOF area, etc.)		
Hours / year	Monthly 8-9am =10 hours	Time out events occur outside of contacted hours Practice education meetings occur outside of contacted hours on Tureadays Possibly GP update event if occurs Thursday. Total: 7 hours	4 hours leading on QoF/ prescribing	20 hours Will attend practice education meetings on Tuesdays when outside role permits	41
Sessions /	2.5	1.5	1	5	10
year approx.	1		1		

To be completed by the Educational Supervisor - How will you support the RGP in carrying out practice development work? (e.g. IT training, admin support, etc)

Planned time will be arranged with practice pharmacist and individually to progress prescribing lead area.

To be completed by the Educational Supervisor - What are the arrangements for booking CPD time at the practice for all the above categories?

Will be enailed routinely to be made aware of schedule of practice education meetings and have an opportunity to influence the programme. Will have protected time to attend monthly meeting 8.00-9.00 unless RGP does not find this useful and appraisal/review time would be better spent on other activities. Time out of practice for course or for time in lieu of courselevel directed arring will be bedded via our rot amaget Lesley. We as it to as much notice as possible and will endeavour to ensure requests are met whenever feasible. Authorisation will be confirmed within 7 days unless there is a more urgent request.



For more detailed guidance

- <u>https://www.england.nhs.uk/publication/gp-retention-scheme/</u>
- <u>https://www.england.nhs.uk/wp-content/uploads/2019/03/gp-retention-scheme-faqs-v5.pdf</u>
- BMAs guidance on job planning and Contracts

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